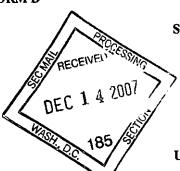
FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

1421587

OND	APPROVAL	

OMB Number: 3235-0076 Expires: April 30, 2008

Estimated average burden

hours per form 16.00

SEC USE ONLY							
Prefix	,	Serial					
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[CA]

Name of Offering ([] check if this is an amendmen	t and name has char	nged, and indicate of	change.)		
S.O.C Brewing Company LLC - Membership In	terests				
Filing Under (Check box(es) that apply):	[] Rule 504	[] Rule 505	[X] Rule 506	[]Section 4(6)	[]ULOE
Type of Filing: [X] New Filing	[] Amendment				
	A. BASIC II	DENTIFICATION	i DATA'		
1. Enter the information requested about the issue	er				
Name of Issuer ([] check if this is an amendment a	ind name has chang	ed, and indicate ch	nange.)		 AN ANNA BURN 1812 WIL 1881
S.O.C. Brewing Company LLC				144400 1444 1446 1444 144	41 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Address of Executive Offices (Num	ber and Street, City	, State, Zip Code)			
5510 Michael Way, Sacramento, CA 95822			(916) 541-7393	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Tr fill that man america
Address of Principal Business Operations (Num	ber and Street, City	, State, Zip Code)	Telephone Number	0708	5633
(if different from Executive Offices)					
					PROCESSEL
Brief Description of Business				b	しいろうこうつう
Micro brewery crafting unique styles of beer with	h recipes designed	by and directed to	o Special Operations co	mmunity.	5
			· · ·		- DEC 19 200 7
Type of Business Organization			-		20.5 21. 14. 1
	[] limited partners		1	[X] other (please spe	cify): THUNSON
[] business trust	limited partners	hip, to be formed			Liability Company
			ear		
Actual or Estimated Date of Incorporation or Organi		[11]		[X] Actual	[] Estimated
Jurisdiction of Incorporation or Organization:	(Enter two-lett	ter U.S. Postal Serv	rice abbreviation for Stat	e:	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C 77d(6).

CN for Canada; FN for foreign jurisdiction)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition, of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	[] Promoter [X] Manager	[X] Beneficial Owner	[X] Executive Officer	[] Director	
Full Name (Last name first, if indi			•		
Taellor D. Gore					
Business or Residence Address (N	umber and Street, City	y, State, Zip Code)			
5510 Michael Way, Sacramento	CA 95822				
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[X]Executive Officer	[] Director	
	[] Manager				
Full Name (Last name first, if indi	vidual)				
Tami L. Gore					
Business or Residence Address (N		y, State, Zip Code)			
5510 Michael Way, Sacramento				(1) D' · ·	
Check Box(es) that Apply:	[] Promoter	[X] Beneficial Owner	[] Executive Officer	[] Director	
7 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	[] Manager				
Full Name (Last name first, if indi	vidual)				
Sua Sponte LLC	work on and Change City	State 7in Code			
Business or Residence Address (N		y, State, Zip Code)			
22430 Unicorns Horn Lane, Kat Check Box(es) that Apply:	Promoter	Beneficial Owner	[] Executive Officer	[] Director	
Check Box(es) that Apply.	[] Principal of Gen		[] Exceditive Officer	[] 5	
Full Name (Last name first, if indi		icia i adici			
run Name (Last marie mst, ii mai	viduai)				
Business or Residence Address (N	umber and Street, City	v. State. Zin Code)			
Eddinos di Residente Hadi de (,,,,			
Check Box(es) that Apply:	[] Promoter	Beneficial Owner	[] Executive Officer	[] Director	
C. C	Principal of Gen				
Full Name (Last name first, if indi					
,	•				
Business or Residence Address (N	umber and Street, City	y, State, Zip Code)	·		
•		· · · · · · · · · · · · · · · · · · ·			
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	
	[] Principal of Gen	eral Partner			
Full Name (Last name first, if indi	vidual)	·			
Business or Residence Address (N	umber and Street, City	y, State, Zip Code)			
	(Use blank she	et, or copy and use additional copie	es of this sheet, as necessary.)		

B. INFORMATION ABOUT OFFERING
Yes No 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?
2. What is the minimum investment that will be accepted from any individual?
3. Does the offering permit joint ownership of a single unit? [X] []
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. NONE (needs to be verified)
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Name of Associated Broker or Dealer
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers
(Check "All States" or check individual States)
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Name of Associated Broker or Dealer
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers
(Check "All States" or check individual States)
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Name of Associated Broker or Dealer
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers
(Check "All States" or check individual States)
(AL) (AK) (AZ) (AR) (CA) (CO) (CT) (DE) (DC) (FL) (GA) (HI) (ID) (IL) (IN) (IA) (KS) (KY) (LA) (ME) (MD) (MA) (MI) (MN) (MS) (MO) (MT) (NE) (NV) (NH) (NJ) (NM) (NY) (NC) (ND) (OH) (OK) (OR) (PA) (RI) (SC) (SD) (TN) (TX) (UT) (VT) (VA) (WA) (WV) (WI] (WY) (PR)
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR] (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an		
	exchange offering, check this box [] and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	. Amount Already Sold
	Debt	\$	\$
	Equity	\$	S
	[] Common [] Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	S
	Other (specify) Membership Interests	\$100,000	S <u>100,000</u>
	Total	\$100,000	\$ 100,000
	Answer also in Appendix, Column 3, if filing Under ULOE		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number	Aggregate Dollar Amount
		Investors	of Purchases
	Accredited Investors	1	\$ 10,000
	Non-accredited Investors	4	\$
	Total (for filings Under Rule 504 Only)	5	\$ 100,000
	Answer also in Appendix, Column 4 if filing under ULOE		
3.	If this filing is for an offering Under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	T. 4.1		¢
	Total		J
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate		
	Transfer Agent's Fees	[]	s
	Printing and Engraving Costs		\$
	Legal Fees		S
	Accounting Fees		\$
	Engineering Fees		S
	Sales Commissions (Specify finder's fees separately)		ss
	Other Expenses (identify):		\$S
	Ouici Expenses (richard):		Ψ

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	C. OFFERING PRICE, NUMBER OF	F INVESTORS, EXPEN		ODD OX TROC		
	 b. Enter the difference between the aggregate offering price Question 1 and total expenses furnished in response to F difference is the "adjusted gross proceeds to the issuer." 	art C - Question 4.a. This			S	100,000
5.	Indicate below the amount of the adjusted gross proce proposed to be used for each of the purposes shown. If the not known, furnish an estimate and check the box to the le of the payments listed must equal the adjusted gross proce response to Part C – Question 4.b above.	e amount for any purpose is ft of the estimate. The total				
	response to Part C – Question 4.0 above.			ts to Officers, s, & Affiliates	Pa	yments To Others
	Marketing and sales		s	[]	\$	
	Salaries and fees	[]	s	(]	\$	
	Product development	[]	\$	[X]	s	80,000
	Purchase, rental or leasing and installation of machiner	y and equipment []	s	[X]	s	20,000
	Acquisition of other businesses (including the value offering that may be used in exchange for the asset	of securities involved in this		<u>-</u>		
	issuer pursuant to a merger)		s	[]	s	
	Repayment of indebtedness		s	[]	s	
	Working capital	[]	\$	[]	s	
	Other:	[]	\$	[]	\$	
	Column totals	[]	s	[]	s	100,000
	Total payments listed (column totals added)		[X] <u>\$</u>	100,000		
	D. 1	FEDERAL SIGNATURE				
constitu	tuer has duly caused this notice to be signed by the undersigned utes an undertaking by the issuer to furnish to the U.S. Securitie ter to any non-accredited investor pursuant to paragraph (b)(2) of	s and Exchange Commission,	s notice is file upon written	d under Rule 505, request of its staff,	the follo the info	wing signature mation furnished b
Issuer ((Print or Type)	Signature			Date	7
•	S.O.C. Brewing Company LLC of Signer (Print or Type)	Title of Signer (Pri)-(1-14-07
		I fille of Signer (1965)	nt o y a ype)			

Attention

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIG	SNATURE		
1.	Is any party described in 17 CFR 230.252 presently subject to any of the drule? Not Applicable	= -	Yes	No []
	See Appendix, Column	i, for state response.		
2.	The undersigned issuer hereby undertakes to furnish to any state administr 239.500) at such times as required by state law. Not Applicable	ator of any state in which this notice is	filed, a notice on	Form D (17 CFR
3.	The undersigned issuer hereby undertakes to furnish to the state administration Not Applicable	ators, upon written request, information	furnished by the	e issuer to offerees.
4.	The undersigned issuer represents that the issuer is familiar with the condi Exemption (ULOE) of the state in which this notice is filed and understand of establishing that these conditions have been satisfied. Not Applicable	tions that must be satisfied to be entitle is that the issuer claiming the availabili	d to the Uniform ty of this exempt	limited Offering tion has the burden
	e issuer has read this notification and knows the contents to be true and has d horized person.	uly caused this notice to be signed on i	ts behalf by the t	ındersigned duly
Issu	ner (Print or Type) S.O.C. Brewing Company LLC	gnature 7 1 1	Date	114 67
Nar	ne of Signer (Print or Type)	tle of Signer (Print or Type)		

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

	······································			A	APPENDIX					
1	Intend To a accre investors (Part B	to Sell non- dited s in State	3 Type of Security and aggregate offering price offered in state (Part C-Item 1)		Type of in amount purc	vestor and hased in State -Item 2)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E- Item 1)		
State	Yes	No	Limited Partnership	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL	·				-			_		
AK					, 122					
AZ				· · · -						
AR										
CA									_	
СО										
СТ										
DE										
DC										
FL	-	- -							·	
GA	·									
ні										
ID										
IL										
IN					_					
IA										
KS										
KY										
LA										
МЕ										
MD								ļ		
MA										
МІ -							:			
MN ·										
MS										
МО										
MT										
NE										
NV										

•				A	APPENDIX				
1	2	2	3		4			5	
	Intend to Sell To non- accredited investors in State (Part B-Item 1)		Type of Security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E- Item 1)	
State	Yes No		Limited Partnership Interests	Number of Accredited Investors	dited	Number of Non-Accredited Investors	Amount	Yes	No
NH									<u> </u>
NJ								<u></u>	
NM									
NY	İ								ļ
NC									,
ND		-							
ОН					<u></u>				
OK							:		
OR						<u> </u>			
PA									
RI									
SC									
SD									
TN							,		
TX	x			1	\$10,000	4	\$90,000		X
UT									-
VT									
VA_								 -	
WA	<u> </u>				ļ <u></u>				
wv	<u> </u>							·-	
WI									
WY									
PR									

